

**Political Organization  
Report of Contributions and Expenditures**

OMB No. 1545-1896

► Information about Form 8872 and its instructions is available at [www.irs.gov/form8872](http://www.irs.gov/form8872).  
► Do not enter Social Security numbers on this form as it may be made public.

**A** For the period beginning , 20 and ending , 20

**B** Check applicable boxes: ☐ Initial report ☐ Change of address ☐ Amended report ☒ Final report

**1** Name of organization **LEAD Fund** **Employer identification number** **27-2751523**

**2** Mailing address (P.O. Box or number, street, and room or suite number)  
**3506 Montary Dr.**  
City or town, state or province, country, and ZIP or foreign postal code **W'con, IA 50701**

**3** Email address of organization **jeffdanielson@gmail.com** **4** Date organization was formed **6/1/2010**

**5a** Name of custodian of records **Jeff Danielson** **5b** Custodian's address **Same as above**

**6a** Name of contact person **u** **6b** Contact person's address **61**

**7** Business address of organization (if different from mailing address shown above). Number, street, and room or suite number

City or town, state or province, country, and ZIP or foreign postal code

- 8** Type of report (check only one box)
- ☐ First quarterly report (due by April 15)
- ☐ Second quarterly report (due by July 15)
- ☐ Third quarterly report (due by October 15)
- ☐ Year-end report (due by January 31)
- ☐ Mid-year report (non-election year only due by July 31)

- ☐ Monthly report for the month of: \_\_\_\_\_  
(due by the 20th day following the month shown above, except the December report, which is due by January 31)
- ☐ Pre-election report (due by the 12th or 15th day before the election)
- (1) Type of election: \_\_\_\_\_
- (2) Date of election: \_\_\_\_\_
- (3) For the state of: \_\_\_\_\_
- ☐ Post-general election report (due by the 30th day after general election)
- (1) Date of election: \_\_\_\_\_
- (2) For the state of: \_\_\_\_\_

**9** Total amount of reported contributions (total from all attached Schedules A) . . . . . **9** **—**

**10** Total amount of reported expenditures (total from all attached Schedules B) . . . . . **10** **—**

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, this report is true, correct, and complete.

**Sign Here** **Jeff Danielson** **5/11/2014**

Signature of authorized official Date

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 30408G

Form **8872** (Rev. 11-2013)

SCANNED MAY 22 2014

## Schedule A Itemized Contributions

Name of organization

Schedule A page of

Employer identification number

Contributor's name, mailing address and ZIP code	Name of contributor's employer		Amount of contribution
	Contributor's occupation		\$
	Aggregate contributions year-to-date . . . . . ▶	\$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer		Amount of contribution
	Contributor's occupation		\$
	Aggregate contributions year-to-date . . . . . ▶	\$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer		Amount of contribution
	Contributor's occupation		\$
	Aggregate contributions year-to-date . . . . . ▶	\$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer		Amount of contribution
	Contributor's occupation		\$
	Aggregate contributions year-to-date . . . . . ▶	\$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer		Amount of contribution
	Contributor's occupation		\$
	Aggregate contributions year-to-date . . . . . ▶	\$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer		Amount of contribution
	Contributor's occupation		\$
	Aggregate contributions year-to-date . . . . . ▶	\$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer		Amount of contribution
	Contributor's occupation		\$
	Aggregate contributions year-to-date . . . . . ▶	\$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer		Amount of contribution
	Contributor's occupation		\$
	Aggregate contributions year-to-date . . . . . ▶	\$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer		Amount of contribution
	Contributor's occupation		\$
	Aggregate contributions year-to-date . . . . . ▶	\$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer		Amount of contribution
	Contributor's occupation		\$
	Aggregate contributions year-to-date . . . . . ▶	\$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer		Amount of contribution
	Contributor's occupation		\$
	Aggregate contributions year-to-date . . . . . ▶	\$	Date of contribution
Subtotal of contributions reported on this page only. Enter here and also include this amount in the total on line 9 of Form 8872 . . . . . ▶			\$

**Schedule B Itemized Expenditures**Schedule B page 1 of 1

Name of organization

**LEAD Fund**

Employer identification number

**27-2757523**

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure

\$

Recipient's occupation

Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure

\$

Recipient's occupation

Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure

\$

Recipient's occupation

Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure

\$

Recipient's occupation

Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure

\$

Recipient's occupation

Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure

\$

Recipient's occupation

Date of expenditure

Purpose of expenditure

Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of

Form 8872

\$

**00.00**